



USSN: 09/990,762  
Dkt. No.: 8325-1005.20  
M5-US2

The fee is calculated as follows:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	- 20	0	x \$18.00	\$0
Independent Claims	3	- 3	0	x \$86.00	\$0
Multiple dependent claims not previously presented, add \$290.00					\$0
Total Amendment Fee					\$0
Petition for Extension of Time Fee					\$0
Small Entity Reduction (if applicable)					\$0
<b>TOTAL FEE DUE</b>					<b>\$0</b>

RECEIVED

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment to the Deposit Account No. 18-1648.

Respectfully submitted,

Date: February 3, 2004

By: Dahna S. Pasternak  
Dahna S. Pasternak  
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